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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/759,237			Filing Date 20 January, 2004			☐ To be Mailed		
	Substitute	for Form I	PTO-1360		Applicant(s) MORIWAKI, NORIHIKO						Page 1 of 1		
					* May be used for additional claims or amendm						ents		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 12/05/2007		AFTER SEC. AMENDMENT		*		本		*		
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Indep			,				Indep						
Total				14			Total						
Depend							Depend						
Total Claims			17				Total Claims						

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